

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IA0000109827



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
IC

IDENTIFICATION AND  
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

**Sec. I** Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		B. County Same as label <input type="checkbox"/> or → Polk	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or → IA	H. Zip Code Same as label <input checked="" type="checkbox"/> or → 50309-7391

**Sec. II** Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address P. O. Box 7391		
C. City, town, village Des Moines	D. State IA	E. Zip Code 50309-7391

**Sec. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name Newman,	First name Ronald	M.I. W.	B. Title President	C. Telephone Number 515-244-1704 Extension
-------------------------	----------------------	------------	-----------------------	--

**Sec. IV** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name Newman,	First name Ronald	M.I. W.	B. Title President
C. Signature 			D. Date of signature 02/13/98 Month Day Year

RCRIS data entered  
by Stacy Nowell  
on 3/4/98



R00079691

RCRA Records Center

Over →

EPA ID NO. I A 0 0 0 0 1 0 9 8 2 7**Sec. V** Generator status. Instructions begin on page 8.**A. 1997 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG } SKIP TO SEC. VI  
☐ 4 Non-generator (CONTINUE TO BOX B)

**B. Reason for not generating**

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

**Sec. VI** On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**1**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**1

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IA0000109827

A-TEC RECYCLING INC  
RONALD W NEWMAN  
5745 NE 17 ST  
DES MOINES, IA 50313



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GM

WASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b>				
A. Waste description (page 12) Mercury powder from spent fluorescent & HID lamps (toxicity).				
B. EPA hazardous waste code (page 12) D101019		C. State hazardous waste code (page 13) NA		
D. SIC code (page 13) 5093	E. Origin code (page 13) NA	F. Source code (page 14) A72	G. Point of measurement (p. 14) 1	H. Form code (page 14) B319
I. RCRA-radioactive mixed (page 14) 2				
<b>Sec. II</b>				
A. Quantity generated in 1997 (page 15) 000060623.0		B. UOM (page 15) 1 Density 1 lbs/gal 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1997 (page 16) .		
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1997 (page 16) .		
<b>Sec. III</b>				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) PLAD 101012 131910 191611	C. System type shipped to (p. 17) M10112	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 000060623.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) .	C. System type shipped to (p. 17) M.	D. Off-site availability code (page 17) .	E. Total quantity shipped in 1997 (page 17) .
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) .	C. System type shipped to (p. 17) M.	D. Off-site availability code (page 17) .	E. Total quantity shipped in 1997 (page 17) .

Comments:

Regarding section 1; H: mercury powder from spent fluorescent and HID lamps.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL

IA0000109827

A-TEC RECYCLING INC  
RONALD W NEWMAN  
5745 NE 17 ST  
DES MOINES, IA 50313



**FORM**  
**OI**

**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1997 Hazardous Waste Report

## OFF-SITE IDENTIFICATION

**Instructions:** Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>P A D 0 0 2 3 9 0 9 6 1</u>	B. Name of off-site installation or transporter <u>Bethlehem Apparatus Company, Inc.</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>890 Front; P.O. Box Y</u> City <u>Hellertown</u> State <u>PA</u> Zip <u>18055</u> - <u>  </u> <u>  </u> <u>  </u>	

Site 2	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State <div><div></div><div></div></div> Zip <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> - <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter <div style="border-bottom: 1px solid black; display: flex; justify-content: space-around; width: 100%;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> </div>	B. Name of off-site installation or transporter <div style="border-bottom: 1px solid black; height: 20px;"></div>
C. Handler type (CHECK ALL THAT APPLY) <div style="margin-left: 20px;"> <input type="checkbox"/> Generator  <input type="checkbox"/> Transporter  <input type="checkbox"/> TSDR facility         </div>		D. Address of off-site installation Street <div style="border-bottom: 1px solid black; width: 100%;"></div> City <div style="border-bottom: 1px solid black; width: 100%;"></div> State <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> Zip <div style="border-bottom: 1px solid black; display: flex; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="margin: 0 5px;">-</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> </div>

Site 4	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State <div><div></div><div></div></div> Zip <div> <div></div><div></div><div></div><div></div><div></div><div></div> <div>-</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>

<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	B. Name of off-site installation or transporter <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street <div style="border-bottom: 1px solid black; width: 90%;"></div> City <div style="border-bottom: 1px solid black; width: 80%;"></div> State <div style="border-bottom: 1px solid black; width: 10%; text-align: center;"> <div style="border: 1px solid black; width: 1.2em; height: 1.2em; display: inline-block;"></div> </div> Zip <div style="border-bottom: 1px solid black; width: 60%;"></div>

Comments: